



Ron G. Crane  
Idaho State Treasurer  
Idaho State Treasurer's Office

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## **FUND INACTIVATION AUTHORIZATION**

This form must be printed, filled out and mailed to the address below.

Please check the box below (one choice) indicating the desired method of closure. A new form must be completed for each investment fund affected. Authorization shall be indicated by an original signature on the bottom of this form by a member of this agency's governing board.

AGENCY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FUND NUMBER TO INACTIVATE: \_\_\_\_\_

☐ Check here to transfer all monies (including Cash and Current Earnings Balance) into another LGIP fund for the same agency.

**(Transaction will take place at the time of LGIP distribution which occurs the month following the inactivation.)**

Fund Number to transfer cash and current earnings balance INTO: \_\_\_\_\_

**OR**

☐ Check here to inactivate an LGIP Fund and transfer all monies (including Cash and Current Earnings Balance) to the agency's designated bank account on file, by ACH Withdrawal.

**(Transaction will take place at the time of LGIP distribution which occurs the month following the inactivation.)**

The signature below, **by an authorized member of this agency's governing board**, will hereby authorize the State Treasurer to update the account files with the above information. Agency will include a roster of current authorized board members, on its own letterhead, with this Inactivation Authorization.

This authorization is to remain in full force and effect until the State Treasurer receives notification from us of its termination in such time and in such manner as to afford the State Treasurer and depository a reasonable opportunity to act on it.

NAME of Board Member: \_\_\_\_\_ TITLE of Board Member: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE of Board Member  
(authorized to act on behalf of above named agency)

\_\_\_\_\_  
DATE



Local Government Investment Pool

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